

FINANCIAL AFFIDAVIT

SAFIA 23
Rev. 5/98

IN SUPPORT OF REQUEST FOR ATTORNEY EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEES

IN UNITED STATES MAGISTRATE X DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF USA V.S. KARL THOMPSON FOR AT LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

CHARGE/OFFENSE (describe if applicable & check box →) 21 USC 841 x Felony Misdemeanor

DOCKET NUMBERS
Magistrate
District Court 04-10112-RGS
Court of Appeals

1 Defendant—Adult
2 Defendant - Juvenile
3 Appellant
4 Probation Violator
5 Parole Violator
6 Habeas Petitioner
7 2255 Petitioner
8 Material Witness
9 Other

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed			
	Name and address of employer: _____			
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment How much did you earn per month? \$ _____		
	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ASSETS	IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____		
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED \$ 21000 SOURCES labore &		
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____		
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE _____ DESCRIPTION _____ _____		
	DEPENDENTS	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	Total No. of Dependents \$ 1 KT	List persons you actually support and your relationship to them Karl Thompson son
		DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: rent	Creditors _____ Total Debt _____ Monthly Paymt. \$ 200 (approx.) \$ _____ \$ _____ \$ _____ \$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 4/15/04

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED) *Karl Thompson*